

I. REPORT OF A CASE OF SUBCLAVIAN ANEURISM, WITH LIGATION OF THE SUBCLAVIAN—CURE.

II. REPORT OF A CASE OF NEPHRORRAPHY.

By F. T. MERIWETHER, M.D.,

OF ASHEVILLE, N. C.

SURGEON MISSION HOSPITAL.

IN reporting this case, I shall not attempt to make comments upon it, but do so to swell the statistics showing the wonderful advantages of antiseptic surgery over the non-antiseptic.

Robert S., æt. 60, colored, male, widower; by trade a blacksmith.

About two years ago, while still at the blacksmithing trade, he noticed a swelling above the right sterno clavicular articulation, attended with pain. It was pulsatile and increased when the arm was used. He was seen by a physician, who gave him a liniment which did a little temporary good.

The swelling and pain increased, the pain radiating over the right side of the head, and down the right shoulder and arm; some difficulty in swallowing and a cough, which gives more or less pain, and which causes the tumor to rise high in the neck.

Upon February 16, 1889, the first time I saw him, his vision had failed, until there was practically amaurosis, though the left eye is able to distinguish shadows and lights. The right pupil was more contracted than the left. Ophthalmic examination revealed an atrophy of the optic nerve, with retinitis pigmentosa. True aneurismal bruit and slight impulse over the upper right chest walls. The tumor was about three inches long and two inches in diameter, extending below the sterno-clavicular articulation. Pulsation in the right radial artery slightly impaired in quality. The right carotid seems normal.

The diagnosis was made of aneurism of the first part of the right subclavian, involving the innominate.

I operated upon February 21, assisted by Drs. Watson, Fletcher, Cheesebrough and Jordan. The usual incision was made for ligation of the subclavian in the third part. The external jugular vein crossed the line of the incision almost in the middle, being the size of the little finger there. It was dissected out and held to the inner side of the incision by retractors. The brachial plexus was exposed, and it was remarked how much some of its cords resembled the artery, except for the longitudinal striation of the nerve and the circular striation of the elastic fibres of the artery. The artery was quite deep, but was dissected out.

Catgut was used to ligate the artery, with light catgut for the sutures. There was not half a teaspoonful of blood lost, not enough to discolor the water in the first and only basin used. Iodoform and iodoform gauze used as dressing. Time of operation 30 minutes. Chloroform was used as the anæsthetic, and patient came from under it in half an hour.

February 22. No rise of temperature; pulse 80. Patient had slept well and said he was feeling all right.

February 24. From ignorance the patient had removed most of the dressing to get at the wound to scratch it, as he said he could not stand the itching. When completely removed, the incision was found completely united, no suppuration or discharge. Improvement in all the subjective symptoms, though the pulsation is not materially affected. Tumor seems to be more firm and solid.

March 4. Still complains of some pain in shoulder. Slight pains in chest walls from probable wound of a thoracic branch of the brachial plexus. No cough. Pulsation in the right carotid much exaggerated. No bruit or thrill over tumor. Slight enlargement of the right carotid.

March 20. Patient almost entirely relieved from pain, and, in fact, all subjective symptoms. The tumor is hard and firm, and is becoming smaller every day.

Patient says his eyesight is improving, but no reliance is placed upon this statement.

April 13, 1889. Aneurism decreased in size; no pain in shoulder.

April 21, 1890. Aneurism size of walnut. Hard and firm, and no disturbance felt from it.

At present writing the tumor is still decreasing in size.

Pulsation returned in the right radial three days after the operation.

History of syphilis or of hereditary influences were not obtained, though the former was probable.

II Female. æt. 44. For the last six or seven years she has noticed a lump in her side, which she attributed to some uterine disturbance, as about the time she noticed it first she had an abortion. It grew slowly, and after lifting or straining she would be seized with violent colic, caused probably by twisting of the pedicle, which would last two or three days. She would then feel it turn over and then the pain would gradually subside. During these times of colic almost total suppression of the urine would occur. Her general health was good, but during the attacks of colic she would suffer intense pain.

Upon examination the tumor was found to be slightly larger than the normal kidney, low in the left abdominal cavity, simulating an ovarian tumor. No particular disturbance of menstrual function. Examination per vaginam revealed nothing relating to tumor except to show that it was not attached to uterus nor to the appendages. The urine was tested, but showed nothing abnormal. Palpation revealed but little owing to thick abdominal walls and large lumbar muscles. Operation was determined upon Sept. 16, 1890. Operation was performed at Mission Hospital, chloroform being used as an anæsthetic. The nature of the tumor not being certain, a median abdominal incision was made, 3 inches in length. Upon examination through the incision the tumor was found to be the left kidney enlarged and floating freely. It had been the intention to remove the kidney entirely, but no kidney was found upon the right side. The right renal artery seemed to be absent, while the left was enlarged one-half. Nephrorraphy was then determined upon. Owing to the thickness of the walls of the abdomen and its depth, a suture could not be passed through the abdominal incision. The usual lumbar incision was made just anterior to the *Quadratus Lumborum* muscle. The kidney was reached without much difficulty, but from fear of interference with its function the suture was passed only through the fatty tissue surrounding the organ. A silk suture was thus passed, with the assistance of a hand through the abdominal incision, suturing the kidney to the *Quadratus Lumborum*. Practically no blood was lost. Catgut was used for suturing the incision, and an iodoform dressing applied. Patient rallied nicely. Considerable pain complained of in region of lumbar suture, but this subsided on seventh day. Upon this day the dressings were removed and union was found perfect. No suppuration. Patient's urine was a little ropy and very scanty on the second and fourth days

after the operation, but soon cleared up. She was allowed to get out of bed on the sixteenth day. No tumor could be felt at this time. Patient had no trouble from pain and no colic for two months:

About Dec. 15, while acting as nurse in Hospital, she did some lifting which was followed in two or three days by a dragging pain in left side. This increased in spite of pads, etc., until the kidney descended two or three inches from its place. There it has stayed since. It does not move freely and she has no colic from twisting, and recently has had no trouble from it. Urine normal. A second operation could hardly be done, as, if the suture were to be passed through the substance of the kidney, there being but one organ, interference with its function might be so great as to result fatally.